

#### **Board of Veterinary Medicine**

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Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a workplan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "...provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members..." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. After interviewing current and past Board of Veterinary Medicine members and staff, a committee of Board members, staff, and research consultants assembled a research agenda involving one of the most exhaustive statistical studies of sanctioned Veterinarians and Veterinary Technicians in the United States. The analysis included collecting over 100 factors on all Board of Veterinary Medicine sanctioned cases in Virginia over a 7-year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Veterinary Medicine and staff, analysts spent 6 months developing a usable sanction worksheet as a way to implement the reference system.

By design, future sanction recommendations will encompass, on average, about 84% of past historical sanctioning decisions; an estimated 16% of future sanctions will fall above or below the sanction point recommendations. This allows considerable flexibility when sanctioning cases that are particularly egregious or less serious in nature. Consequently, one of the most important features of this system is its voluntary nature; that is, the Board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instrument should greatly benefit Board members, health professionals and the general public.

Sincerely yours,

Sandra Whitley Ryals

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Director

Cordially,

Elizabeth A. Carter, Ph.D.

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Virginia Board of Health Professions

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#### **Ϡ** General Instructions

#### Overview

The Virginia Board of Health Professions has spent the last 4 years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Veterinary Medicine. The Board of Veterinary Medicine is now in a position to implement the results of the research by using a set of voluntary Sanctioning Reference Points. This manual contains some background on the project, the goals and purposes of the system, and the offense-based sanction worksheet that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Veterinary Medicine. Moreover, the worksheet has not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a single worksheet which scores case type, patient injury and offense factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. Sanctioning thresholds found on the offense worksheet recommend a range of sanctions from which the Board may select in a particular case as well as corresponding monetary penalty range.

In addition to this instruction booklet, separate coversheets and worksheets are available to record the respondent's score, recommended sanction, actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Board of Veterinary Medicine policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

#### Background

In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based SRPs for health regulatory boards, including the Board of Veterinary Medicine. The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be "developed with complete Board oversight, be value-neutral, be grounded in sound data analysis, and be totally voluntary"—that is, the system is viewed strictly as a Board decision tool.

#### Goals

The Board of Health Professions and the Board of Veterinary Medicine cite the following purposes and goals for establishing Sanctioning Reference Points:

- Making sanctioning decisions more predictable
- · Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for the Board of Veterinary Medicine and those involved in proceedings.
- "Neutralizing" sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—e.g., Board member ID, overall Board makeup, race or ethnic origin, etc.
- Helping predict future caseloads and need for probation services and terms

#### Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a *descriptive approach*) or whether it should be developed normatively (a *prescriptive approach*). A normative approach reflects what policymakers feel sanction recommendations *should be*, as opposed to what they *have been*. SRPs can also be developed using historical data analysis with normative adjustments to follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Veterinary Medicine chose a descriptive approach with a limited number of normative adjustments.

#### ■ Qualitative Analysis

Researchers conducted in-depth personal interviews of some past and all current Board members, Board staff, and representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors considered when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

#### Methodology, continued

#### **■** Quantitative Analysis

Researchers analyzed detailed information on Veterinary Medicine disciplinary cases ending in a violation between 1999 and 2005; approximately 208 sanctioning "events" covering close to 213 cases. Over 100 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into a sanctioning worksheet with five thresholds, which are the basis of the SRPs.

Offense factors such as patient injury, financial gain and case severity (priority level) were analyzed as well as prior history factors such as substance abuse, and previous Board orders. Some factors were deemed inappropriate for use in a structured sanctioning reference system. For example, practice type (solo or group) and respondent gender were considered "extra-legal" factors, and were explicitly excluded from the SRPs. Although many factors, both "legal" and "extra-legal" can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in a sanction decision were included in the final product. By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of "legal" factors in every case.

#### Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 84% of historical practice. This means that 16% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions fall within the recommended range.

Any sanction recommendation the Board derives from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supercede any worksheet recommendation.

#### Three Sets of Sanctioning Factors

The Board indicated early in the study that sanctioning is influenced by a variety of circumstances. The empirical analysis supported the notion that not only case type, but patient injury and certain offense factors impacted sanction outcomes. To this end, the Veterinary SRP system scores three groups of factors in order to arrive at a sanctioning recommendation. The first set of factors relates to the case type, the second relates to patient injury, and the third relates to elements of the offense.

So a respondent before the Board for a standard of care case may not only receive points for injuring a patient, but also for having a past history of disciplinary violations.

#### Sanctioning Thresholds

The SRP worksheet uses five thresholds for recommending a sanction. Once all factors are scored, the corresponding points are then added for a total worksheet score. The total is used to locate the sanctioning threshold recommendation found at the bottom of the worksheet. The SRP worksheet recommends both a sanction range and a monetary penalty amount range. For instance, a respondent having a total worksheet score of 60 would be recommended for a monetary penalty and/or inspection. For example, the monetary penalty amount corresponding to a score of 60 is \$200 to \$1,000.

#### **Voluntary Nature**

The SRP system is a tool to be utilized by the Board of Veterinary Medicine. Compliance with the SRPs is voluntary. The Board will use the system as a reference tool and may choose to sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences and Consent Orders that come before Informal Conference committees. The SRPs can also be referenced and used by agency subordinates where the Board deems appropriate. The coversheet and worksheet will be referenced by Board members during Closed Session.

## Worksheets Not Used in Certain Cases

The SRPs will not be applied in any of the following circumstances:

- Formal Hearings SRPs will not be used in cases that reach a Formal Hearing level.
- Mandatory suspensions Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the licensed veterinarian or veterinarian technician must be suspended. The sanction is defined by law and is therefore excluded from the SRPs system.
- Compliance/reinstatements The SRPs should be applied to new cases only.
- Action by another Board When a case which has already been
  adjudicated by a Board from another state appears before the Virginia
  Board of Veterinary Medicine, the Board often attempts to mirror the
  sanction handed down by the other Board. The Virginia Board of
  Veterinary Medicine usually requires that all conditions set by the other
  Board are completed or complied with in Virginia. The SRPs do not
  apply as the case has already been heard and adjudicated by another
  Board.
- Confidential Consent Agreements (CCA) SRPs will not be used in cases settled by CCA.

# Case Selection When Multiple Cases Exist

When multiple cases have been combined into one "event" (one order) for disposition by the Board, only one coversheet and worksheet should be completed and it should encompass the entire event. If a case (or set of cases) has more than one offense type, one case type is selected for scoring according to the offense group which appears highest on the following table and receives the highest point value. For example, a respondent found in violation for an inspection deficiency and failure to obtain required CE would receive fifty points, since Failure to Obtain CE is above Inspections/Records on the list and receives the most points. If an offense type is not listed, find the most analogous offense type and use the appropriate score.

#### Sanctioning Reference Points Case Type Table

Case Type	Case Type Included Categories	
Failure to Obtain CE	Failure to Obtain Required CE	50
Drugs or Impairment	Viol DCA - Dispensing w/o Relationship Incapacitated - Mental Condition/Illness Felony-Conviction Impairment - Use of Illegal Substances Stealing Controlled Substances Personal Use - On Duty Viol DCA - Excessive Pres Fail to Maintain Security of Controlled Subs	20
Inspections/Records	Inspection Deficiencies/Facility Violation Fail to Maintain Complete/Accurate Records Business Practice Issues Records Release	10
Standard of Care	Incorrect Treatment Failure to Treat Failure to Diagnose Failure to Monitor Condition Fail to Obtain Consent Wrong Diagnoses Neglect with Injury Failure to Offer Patient Education Failure to Respond to Needs Prescribing Error Labeling Error Med/Pres - Other Improper Performance of Surgery Improper Management of Patient Anesthesia Management	10
Unlicensed Activity	No valid license – not qualified No valid license – qualified Practicing beyond scope of license Practicing on a lapsed/expired license Facility operating without a permit DEA registration revoked/expired/invalid Aiding/Abetting unlicensed activity Deceptive/Misleading advertising	5

# Completing the Coversheet and Worksheet

Ultimately, it is the responsibility of the Board to complete the sanctioning reference point coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case information provided to the Board and respondent. It is also possible that information discovered at the time of informal conference may impact worksheet scoring. The SRP coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, complete copies of the SRP Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: <a href="www.dhp.virginia.gov">www.dhp.virginia.gov</a>. A paper copy is also available on request.

## Scoring Factor Instructions

To ensure accurate scoring, instructions are provided for scoring each factor on the SRP worksheet. When scoring a worksheet, the numeric values assigned to a factor on the worksheet *cannot be adjusted*. The scoring weights can only be applied as 'yes or no', with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

#### Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanction recommendation does not recommend an appropriate sanction, the Board is encouraged to depart either high or low when handing down a sanction. If the Board disagrees with the sanction recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation should be recorded on the coversheet to explain the factors or reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Prior Record
- Dishonesty/Obstruction
- Motivation
- Remorse
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging. Sample scenarios are provided below:

#### Departure Example #1

Sanction Threshold Recommendation: Recommend Formal/Accept Surrender Imposed Sanction: Monetary Penalty of \$1,000, Inspection Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

#### Coversheet, continued

#### Departure Example #2

 $Sanction\ Threshold\ Recommendation:\ No\ Sanction/Reprimand/Monetary\ Penalty.$ 

Imposed Sanction: Reprimand, Terms - CE.

Reason(s) for Departure: Respondent displayed a lack of knowledge which

could be corrected with further education.

# Determining a Specific Sanction

The bottom of the SRP worksheet lists five sanction thresholds that encompass a variety of specific sanction types. In addition, the table recommends monetary penalty ranges: Up to \$500, \$200 to \$1000, \$500 to \$2000, \$1000 to \$2000, and \$2000 or more. Monetary penalty amounts do not include inspection fees or CE costs.

The table below lists the sanctions most often used by the Board that fall under each threshold. After considering the sanction recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

#### **Sanctioning Reference Points Threshold Table**

Worksheet Score	Available Sanctions	Monetary Penalty Recommendation
0-49	No Sanction Reprimand Monetary Penalty	Up to \$500
50-79	Monetary Penalty Inspection	\$200 to \$1000
80-29	Monetary Penalty Inspection Treatment/Monitoring: Stayed Suspension Stayed Monetary Penalty Probation HPIP Continuing Education (CE)	\$500 to \$2000
130-199	Treatment/Monitoring: Stayed Suspension Stayed Monetary Penalty Probation HPIP Continuing Education (CE) Recommend Formal/Accept Surrender	\$1000 to \$2000
200 or more	Recommend Formal/Accept Surrender	\$2000 or more

### **⅂ Sanctioning Reference Points - Coversheet**

- Complete Case Type Score section.
- Complete Patient Injury section.
- Complete the Offense Factor section.
- Determine the Recommended Sanction and Monetary Penalty Range using the scoring results and the Sanction Thresholds.
- Complete this coversheet.

Case Number(s)		
Respondent Name	First M. I.	Last
License Number		
Case Category	☐ Failure to Obtain CE ☐ Drugs or Impairment ☐ Inspection/Records ☐ Standards of Care ☐ Unlicensed Activity	
Sanction Threshold Result	□ 0-49 □ 50-79 □ 80-129 □ 130-199 □ 200 or more	
Reasons for Departure from	□ No Sanction □ Reprimand □ Monetary Penalty - \$ □ Inspection and Associated Fees □ Suspension □ Stayed Suspension □ Stayed Monetary Penalty - \$ □ Probation □ HPIP □ CE □ Recommend Formal □ Accept Surrender □ Other Sanction: □ Terms: □ Terms:	
Worksheet Preparer (name):		_ Date completed:

#### Board of Veterinary Medicine - SRP Worksheet Instructions

#### Case Type

#### Step 1:

(score only one)

Enter the point value that corresponds to the case type. If a case has multiple aspects, enter the point value for the case type that is highest on the worksheet list.

#### Failure to Obtain CE

Failure to Obtain Required CEU

#### **Drugs or Impairment**

Viol DCA - Dispensing w/o Relationship
Incapacitated - Mental Condition/Illness
Felony - Conviction
Impairment - Use of Illegal Substances
Stealing Controlled Substances
Personal Use - On Duty
Viol DCA - Excessive Pres
Fail to Maintain Security of Controlled Subs

#### Inspections/Records

Inspection Deficiencies/Facility Violation Fail to Maintain Complete/Accurate Records Business Practice Issues Records Release

#### Standard of Care

Incorrect Treatment
Failure to Treat
Failure to Diagnose
Failure to Monitor Condition
Fail to Obtain Consent
Wrong Diagnoses
Neglect with Injury
Failure to Offer Patient Education
Failure to Respond to Needs
Prescribing Error
Labeling Error
Med/Pres - Other
Improper Performance of Surgery
Improper Management of Patient
Anesthesia Management

#### **Unlicensed Activity**

No valid license – not qualified No valid license – qualified Practicing beyond scope of license Practicing on a lapsed/expired license Facility operating without a permit DEA registration revoked/expired/invalid Aiding/Abetting unlicensed activity Deceptive/Misleading advertising

#### Step 2:

Enter Case Type Score

#### **Patient Injury Score**

#### Step 3:

(score only one)

Enter the point value that corresponds to the patient's level of injury. If there were multiple patients involved, score only the injury level for the patient that was most harmed. For instance, if one patient died and the other was injured, enter 40 points.

Enter "40" if the death of a patient resulted from the respondent's actions.

Enter "10" if physical injury to the patient resulted from the respondent's actions.

#### Step 4:

Enter Patient Injury Score

#### **Offense Factors Score**

#### Step 5:

(score all that apply)

Enter "50" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "30" if there was financial or material gain by the respondent.

Enter "30" if the respondent took no corrective action prior to the case being heard.

Enter "30" if the respondent has had any past difficulties (substances, mental/physical). This includes: drugs, alcohol, mental capabilities or physical capabilities. Scored here would be: prior convictions for DUI/DWI, inpatient/outpatient treatment, and bona fide mental health care for a condition affecting his/her abilities to function properly.

Enter "20" if the respondent has one or more prior Virginia Board of Veterinary Medicine violation. Enter "20" if the respondent has any prior similar Virginia Board of Veterinary Medicine violations. Similar violations would be those that are contained under the same major case type heading listed in Step 1. For example, if the case being heard concerns "Standard of Care-Failure to Treat" and the respondent has a prior violation for "Standard of Care-Anesthesia Management" enter 20 points.

Enter "10" if multiple respondents were associated with the case. When multiple respondents are involved there will be a "companion case" with another respondent's name and case number found in the investigation report.

#### Step 6:

Combine points for Total Offense Factor Score

#### Step 7:

Add Step 2, Step 4, and Step 6 for a Total Worksheet Score

Locate the Total Worksheet Score in the correct threshold rage on the left. This score corresponds to the Sanction Reference Point sanction and monetary penalty recommendations.

Example: If the Case Type Score is 10 and the Offense Score is 20, the total worksheet score is 30 and the recommended sanction is found in the first range, 0-49 "No Sanction/Reprimand/ Monetary Penalty/Inspection" and a monetary penalty of Up to \$500.

#### Step 8: Coversheet

Complete the coversheet including the SRP sanction result, the imposed sanction and the reasons for departure if applicable.

### **₹ Veterinary Medicine** - Sanction Reference Point Worksheet

	pe (score only one)	Points	Score	
	Failure to Obtain CE	. 50		
	Drugs or Impairment			
	Inspections/Records			scor only
	Standard of Care	. 10		one
	Unlicensed Activity	5		
		Case Type Sc	core	
Patient	Injury (score only one)			
	Death of the patient resulted	. 40		scor
	Physical injury to the patient resulted			only —— one
	•			
	P	atient Injury So	core	
Offens	e Factors (score all that apply)			
	Act of commission	. 50		
	Financial or material gain by the respondent	. 30		
	Respondent took no corrective action	. 30		scor
	Past difficulties (substances, mental/physical)	. 30		all
	One or more prior violations	. 20		that app
	Previous violations similar to instant offense	. 20		
	Multiple respondents associated with case	. 10		
	Of	fense Factor So	core	
otal W	<b>Orksheet Score</b> (case type + patient injury + offense factors)			
	, , , , , , , , , , , , , , , , , , , ,			

SCORE	Sanctioning Recommendations	Monetary Penalty Recommendations
0-49	No Sanction/Reprimand/Monetary Penalty	Up to \$500
50-79	Monetary Penalty/Inspection	\$200 to \$1000
80-129	Monetary Penalty/Inspection/Treatment/Monitoring	\$500 to \$2000
130-199	Treatment/Monitoring/Recommend Formal or Accept Surrender	\$1000 to \$2000
200 or more	Recommend Formal or Accept Surrender	\$2000 or more

Respondent Name:	Date:	